

SLA # _____
For the 1 2 3 4 Quarter 20____
(circle one)

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
THE SURPLUS LINES EXAMINING OFFICE
PO Box 325, Trenton NJ 08625-0325

Do not write in this space

For Official Use Only

TAX RETURN AND CERTIFIED ACCOUNT BY SURPLUS LINES PRODUCER

To the Commissioner of Banking and Insurance of New Jersey:

1. Name of Surplus Lines Producer : _____
2. I have a bona fide office in which is kept a record of contracts of insurance issued by me located at:

(Street Address) (City or Town) (State) (Zip Code)
3. Telephone No. () _____ - _____
4. Pursuant to N.J.S.A. 17:22-6.58, There is submitted on the accompanying pages a verified report, in duplicate, on the surplus lines insurance transacted during the quarter circled above, a summary of which follows:

TAXABLE NET PREMIUMS:	
5. Total Taxable Fire Premiums	\$ _____
6. Tax @ 3% (3% of Line 5)	\$ _____
7. Prior Period Credit Applied (If Any)	\$(_____)
8. Amount payable to the "New Jersey Firemen's Association" (line 6 – line 7)	\$ _____
9. Total Taxable All Other Premiums	\$ _____
10. Tax @ 3% (3% of Line 9)	\$ _____
11. Prior Period Credit Applied (If Any)	\$(_____)
12. Amount payable to the "State of New Jersey" (line 10 – line 11)	\$ _____
NON-TAXABLE NET PREMIUMS: (Insurance of risk of state, county, or municipal government or agency thereof)	
13. Total Non-Taxable Fire Premiums	\$ _____
14. Total Non-Taxable All Other Premiums	\$ _____
15. Total Non-Taxable Net Premiums (line 13) + (Line 14)	\$ _____

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any and to the best of my knowledge and belief the matter and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

Signature of Surplus Lines Producer

Date

Name and Title (print or type)